

Section 2

§ Understand Evidence Based Default Behavior Supports/Interventions (Tier 2)

§ Understand Socially Mediated vs. Emotionally Driven Behaviors Prior to Selection of Tier 3 Interventions

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Supplementary Aids and Services

§ Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with Sec. Sec. 300.114 through 300.116.

- Authority: 20 U.S.C. 1401(33)

2

IDEA Supplementary Aids vs. Related Services

§ The IDEA has emphasized the behavioral approach in supplementary aids and services to support LRE, whereas those providing Related Services for behavior have primarily emphasized the thinking and feeling interventions for disturbed social and/or emotional functioning.

3

Three Methods of Addressing Behavior

- ✎ **DO:** alter what student does by directly manipulating variables and altering “pay off,” i.e., Reinforcement
- ✎ **THINK:** altering the “meaning-making” errors the student makes of environmental and social events, i.e., faulty thoughts
- ✎ **FEEL:** altering how the person feels in response to environmental, internal, remembrance of trauma or current social events

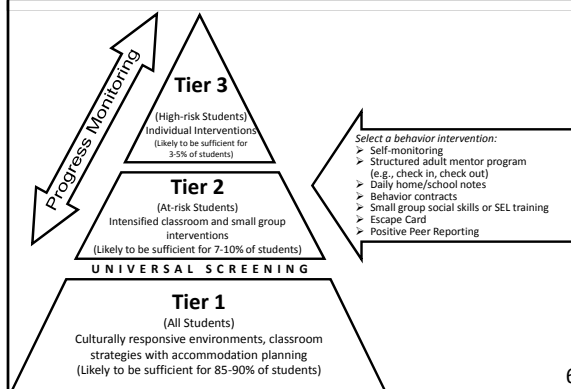
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Default Behavior Interventions (Tier 2) that Do Not Require Assessment

- ✎ Matching Students to Tier 2 Interventions without a Functional Behavioral Assessment and Ensuring Active Ingredients are Implemented

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Three-Tiered RtI Model for Behavior and Social/Emotional Support



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Matching Students to Default (Tier 2) Interventions

- ☞ Tier 2 intervention are less effective when randomly selected
- ☞ Rather, match characteristics of the student to characteristics of the intervention
- ☞ Student Intervention Matching Form (SIM Form) – See handouts in Section 1

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Student Intervention Matching Form

| # | Item | Not at all (0) | A little (1) | Moderately (2) | Very Much so (3) | Unknown |
|-----|---|-------------------|-----------------|-------------------|---------------------|---------|
| 1. | School has a good relationship with the student's parents (SHN) | | | | | |
| 2. | Student constantly seeks and/or likes attention from adults (CICO) | | | | | |
| 3. | Student is rejected or isolated by peers (PPR) | | | | | |
| 4. | Student is eager to earn rewards or access to privileges (BC) | | | | | |
| 5. | Student's seems to exhibit disruptive classroom behavior to get out of doing academic work (CP) | | | | | |
| 6. | Parents are open and willing to collaborate with the school (SHN) | | | | | |
| 7. | Student tries to do better socially and emotionally but does not have the skills to do so (i.e., can't do) (SC-SET) | | | | | |
| 8. | Student can only work so long on academic tasks before becoming off-task (CP) | | | | | |
| 9. | Student could benefit from having a positive, adult role model outside of the home (CICO) | | | | | |
| 10. | Student lacks self-management and needs constant reminders to stay on-task (SM) | | | | | |
| 11. | Student withdraws from social situations and spends most of free time alone (PPR) | | | | | |

Assure Active Ingredients Necessary for Success are Present

- ☞ Just like a good cooking recipe,
 - ☞ some ingredients MUST be present to achieve successful behavior change
 - ☞ educators MUST be aware of the active ingredients necessary for the intervention to be effective

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Selecting the Progress Monitoring Tool BEFORE Beginning Tier 2 Implementation

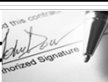
- ✎ Existing data behavioral data (class removals, office referral, suspension, attendance record, work completion records, etc.)
- ✎ Direct behavior rating
- ✎ Point sheet
- ✎ Brief behavior rating scale

WE WILL REVIEW IN SECTION THREE

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Behavioral Contract



- ✎ Process of negotiating an agreement between staff and a student so each party receives some benefit or payoff
 - ✎ Teacher benefits by improved student behavior
 - ✎ Student benefits by earning something based on good behavior
- ✎ Behavioral contracts are effective for students who can perform certain behaviors or skills but choose not to do so (i.e., won't do problem)
 - ✎ Ineffective for students who can't perform certain behaviors or skills (i.e., can't do problems)

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Behavior Contract

Student Characteristics

- ✎ Designed for students who respond well to school-based incentives
 - ✎ Eager to earn rewards, special privileges, and/or recognition from others
- ✎ Students who dislike particular academic subjects and could benefit from receiving extrinsic reinforcement (i.e., pay-off)
- ✎ Students who could benefit from receiving daily pre-correction and prompting

Active Ingredients

- ✎ Negotiated agreement or brokered deal to increase student buy-in
- ✎ Focus on positive behaviors teachers want to see in the classroom
- ✎ Positive reinforcement (i.e., pay off) for meeting goal
- ✎ Teacher follows up with daily pre-correction and prompting
 - ✎ Pulling out the contract & reminding the student of the contract
 - ✎ At the first warning signs of problem behavior, prompting the student

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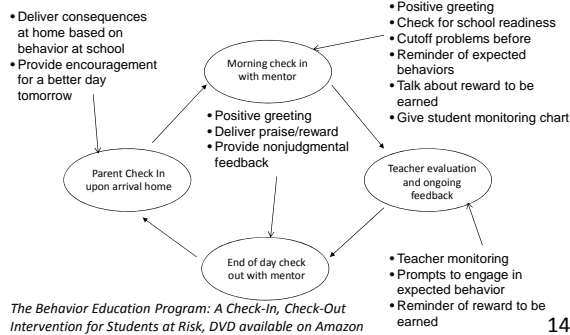
Structured Mentor-Based Support: Check in/Check Out

- ✧ Assignment of a mentor who provides unconditional positive regard and feedback on a daily basis
- ✧ Implementation of multiple components:
 - ✧ Behavioral momentum (i.e., getting the day off to a good start)
 - ✧ Precorrection (i.e., cutting problems off before they start)
 - ✧ Performance feedback (i.e., letting the student know how s/he is doing)
 - ✧ Positive reinforcement (i.e., recognizing and rewarding the student)



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Mentor-Based Support Basic Sequence of Structured Mentoring



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Mentor-Based Support

Student Characteristics

- ✧ Students who respond well to adult attention
- ✧ Students who could benefit from having a positive adult role model outside of the home
- ✧ Students who could benefit from receiving daily encouragement and feedback to improve behavior and school performance
- ✧ Students who have been involved with negative interactions with teachers and administrators (punitive discipline)

Active Ingredients

- ✧ Assignment of an adult mentor who the student likes or doesn't mind meeting with
- ✧ Unconditional positive regard (mentor does not get involved with discipline)
- ✧ Daily contact with the student in the morning and afternoon
 - ✧ Encouragement, precorrecting problems, feedback
- ✧ Progress monitoring form to serve as a basis for performance-based feedback
- ✧ Positive reinforcement for improved behavior
 - ✧ Praise, public recognition, access to desired privileges/rewards

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Self-Monitoring



- ✎ Intervention designed to increase self-management by prompting the student to self-reflect on performance and self-record behavior on a chart
- ✎ Two main components:
 - ✎ Self-reflection (reflection of behavior over a certain amount of time)
 - ✎ Self-recording (marking down on the chart whether behavior met or did not meet expectations)

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Self-Monitoring

Student Characteristics

- ✎ Students who lack self-regulation or management
- ✎ Students who engage in relatively frequent rates of problem behavior
- ✎ Students who could benefit from reminders or prompts to stay on task and engage in desired, expected behaviors

Active Ingredients

- ✎ Identification of behaviors to self-reflect upon and self-record on a chart
- ✎ Development of a self-monitoring chart that the students uses to record his/her behavior
- ✎ Device or natural break that prompts the student to self-reflect and self-record behavior
- ✎ Train the student (tell-show-do)
- ✎ Positive reinforcement component attached to self-monitoring chart (increases the value or meaning of self-reflection and recording)
- ✎ Teacher conducts periodic honesty check

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School-Home Note System

- ✎ Intervention designed to improve the communication and consistency of practices between school and home environments
- ✎ Involves a parent training component to get parents to deliver consequences at home based on their child's behavior at school
- ✎ Parent can share information with school about outside stressors that may be impacting student behavior at school

CONSISTENCY
IS 

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School-Home Note

Student Characteristics

- ✎ Students whose parents are open and willing to join forces with the school to improve the student's performance in school
- ✎ Students who are unaffected by typical school-based disciplinary consequences
- ✎ Students whose parents could benefit from learning skills
- ✎ Students who could benefit from consistency across school and home environments

Active Ingredients

- ✎ Development of a school-home note that captures student behavior and communicates with parents
 - ✎ Student behavior section, teacher communication section, parent response to note section, parent communication section, & signatures
- ✎ Brief parent training that consists of teaching parents how to translate the information on the school-home note into effective parenting strategies
 - ✎ Goal met = celebrating success
 - ✎ Goal unmet = encouraging a better day tomorrow
- ✎ Ensuring that parents are receiving the note & following through
 - ✎ Paper, email, phone call, face-to-face

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Small Group Social Skills Training

Student Characteristics

- ✎ Students who can not currently perform social skills necessary for academic or social success

Active Ingredient

- ✎ Focus on positive behaviors teachers want to see in the classroom or yard
- ✎ Positive reinforcement (i.e., pay off) for demonstrating
- ✎ Teacher follows up with daily pre-correction and prompting
 - ✎ At the first warning signs of problem behavior, prompting the student to use the social skill

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Small Group Social Emotional Learning Curriculum

Student Characteristics

- ✎ Students who attribute "negative intention to neutral stimuli"
- ✎ Students with fragile coping skills
- ✎ Students with behaviors generated from internal emotions: anxiety, fear, past trauma

Active Ingredient

1. Focus on identifying triggers, developing coping strategies when stressors are present
2. Positive reinforcement (i.e., pay off) for demonstrating techniques taught
3. Follow an evidence based curriculum: www.casel.org
4. Teacher follows up with daily pre-correction and prompting

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Class Pass Intervention

- ✎ Intervention designed for students who exhibit **escape-motivated** disruptive classroom behavior to avoid doing academic work
- ✎ Students are given class passes and taught how to appropriately request a break by issuing a class pass
- ✎ Students can choose to hold on to the class passes in order to exchange them for an item, activity, or special privilege
- ✎ It works because students:
 - ✎ Exercise choice
 - ✎ Increase tolerance for academic work is increased
 - ✎ Gain access to desired activity on an intermittent basis



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Class Pass Intervention

Student Characteristics

- ✎ Students who engage in classroom behavior problems only
- ✎ Students whose academic skills are low and are likely to engage in escape-motivated disruptive behavior
- ✎ Students who have a low tolerance for engaging in academic work
- ✎ Students who appear to become frustrated when working on academic tasks

Active Ingredients

- ✎ Develop the actual class passes to be used
- ✎ Determine the number of class passes and length of time the student can break for
- ✎ Identify the location for the break (desk, in the classroom, outside of the classroom)
- ✎ Identify the items, privileges, or activities that can be earned and the number of class passes needed for each one

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Example of a Class Pass

FRONT

CLASS PASS

Name: _____
Time: _____
Where to?: _____
Initial: _____

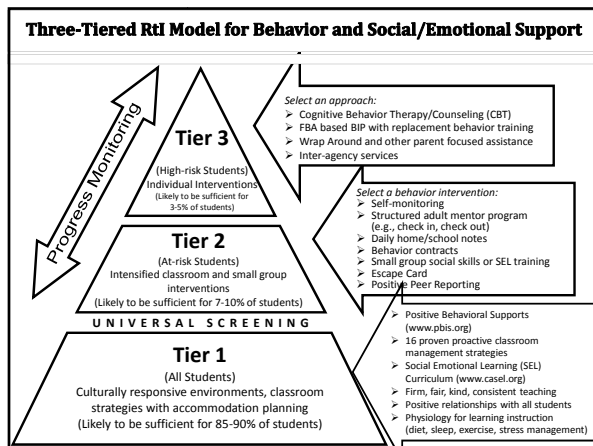
Reward for a saved pass:

BACK

Guidelines for Class Pass:

- If you use the pass...
1. Choose a time when you need to step out of the class.
 2. Fill out one of your passes.
 3. Show pass to teacher.
 4. Walk to _____.
 5. Have adult where you walked initial pass on your way back to class.
 6. Enter class quietly.
 7. Join classroom activity.

If you save the pass...
Earn a reward!!!!!!



Typical Behavior Plan Problems

- ⌘ Uh oh, we never fully implemented
- ⌘ The classroom environment is not effective for this student (and sometimes for many)
- ⌘ We forgot weekly Replacement Behavior Training
- ⌘ The selected reinforcers weren't reinforcing!

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Typical Behavior Plan Problems

- ⌘ The payoff for the problem behavior is greater than the payoff for the replacement behavior
- ⌘ We got the function wrong and our interventions didn't work because of that
- ⌘ The problem behavior is easier to do
- ⌘ This wasn't a socially mediated behavior, it appears to be emotionally driven with "automatic reinforcement" due to internal states

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Ways to Conceptualize Problems and Generate Solutions

- ✎ Fracture in foundational supports
 - ✎ Quality of relationships with adults is impaired
 - ✎ Ineffective implementation of Tier 1 supports (e.g., proactive classroom management, PBIS, effective instruction, etc.)
 - ✎ Lack of fidelity implementing Tier 2
- ✎ Storm & stress in home life requires stability, compassion, & effort from school

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Selecting REINFORCERS

- ✎ KEY: ALL STUDENTS ARE MOTIVATED BY GETTING SOMETHING OR GETTING RID OF SOMETHING

- ✎ Problem: Poor selection of motivators

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Reinforcement Continuum

- ✎ Frequency of the reinforcers
 - ✎ How often are they given?
- ✎ Variety of the reinforcers
 - ✎ How many choices, types of reinforcers?
- ✎ Power of the reinforcers
 - ✎ How desirable to the person?
- ✎ Immediacy of the reinforcers
 - ✎ How soon after the behavior is the reinforcer given?

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Related Service

Is the behavior an emotional response?

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Which Experiences are Traumatic?

- ☞ Child physical or sexual abuse
- ☞ Witnessing or victimization of domestic, community, or school violence
- ☞ Severe accidents
- ☞ Potentially life-threatening illnesses
- ☞ Natural/human-made disasters
- ☞ Sudden death of family member/peer
- ☞ Exposure to war, terrorism, or refugee conditions

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Who Has ODD and CD?

- ☞ Children of delinquent parents
- ☞ Children of substance abusing parents
- ☞ Low SES associated with increased risk for DBD
- ☞ Racial/ethnic differences are not observed when SES is controlled
- ☞ Girls may manifest in different ways (e.g., relational aggression)

Note: These statements are summarized from data presented across many studies (e.g., Patterson, Capaldi & Dishion, 1992; Shaw et al, 1994).

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Life Outcomes of Disruptive Behavior Disorders

- ✎ Higher rates of violence, arrest/conviction, substance abuse/dependence, unemployment
- ✎ Poor school performance, low educational attainment, problems with peers, social isolation
- ✎ Mental health & health problems
- ✎ Violent, coercive parenting
- ✎ Children with problem behaviors

De Genna et al., 2007; Farrington, 1991; Jaffee et al., 2006; Offord & Bennett, 1994; Offord, Boyle, & Racine, 1991; Temcheff et al., 2008

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Commonalities Across Different Emotional Disabilities

- ✎ **Cognitive responses**
 - ✎ Irrational beliefs
 - ✎ Faulty automatic thoughts
 - ✎ Poor perspective taking
- ✎ **Emotional responses**
 - ✎ Fear/anxiety, depression, anger, emotional dysregulation

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Commonalities Across Different Emotional Disabilities

- ✎ **Somatic responses**
 - ✎ Accelerated heart rate
 - ✎ Flushed face
 - ✎ Shortness of breath
 - ✎ Physical complaints without a medical explanation
- ✎ **Behavioral Responses**
 - ✎ Avoidance behaviors
 - ✎ Oppositional behaviors
 - ✎ Aggressive behaviors
 - ✎ Poor coping strategies

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What Should We Be Doing for: DEPRESSION

Best Support

- ✧ Cognitive Behavior Therapy (CBT)
- ✧ Interpersonal Therapy
- ✧ CBT and Medication

Good Support

- ✧ Behavioral Activation
- ✧ Client Centered Therapy
- ✧ CBT with Parents
- ✧ Play Therapy
- ✧ Relaxation

David-Ferndon & Kaslow, 2008

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What Should We Be Doing for: ANXIETY

Best Support

- ✧ CBT
- ✧ Education
- ✧ Exposure
- ✧ Response Prevention
- ✧ Modeling

Good Support

- ✧ Assertiveness Training
- ✧ CBT and Medication
- ✧ CBT with Parents
- ✧ Hypnosis
- ✧ Play Therapy
- ✧ Relaxation

Silverman, Pina, & Viswesvaran, 2008

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What Should We Be Doing for: TRAUMA

Best Support

- ✧ Cognitive Behavior Therapy

Good Support

- ✧ Cognitive Behavior Therapy with Parents
- ✧ Play Therapy

Cohen, Deblinger, Mannarino & Steer (2004); DeArrellano, Waldrop, Deblinger, Cohen, & Danielson (2005)

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What Should We Be Doing for: ATTENTION

Best Support

- ✎ Contingency Management
- ✎ Parent Management Training
- ✎ Self Verbalization
- ✎ Behavior Therapy and Medication

Good Support

- ✎ Biofeedback
- ✎ Contingency Management
- ✎ Education
- ✎ Management Training and Problem Solving
- ✎ Physical Exercise
- ✎ Relaxation and Physical Exercise
- ✎ Social Skills and Medication

Jensen et al., (2001); Pelham & Fabiano, (2008)

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What Should We Be Doing for: CONDUCT

Best Support

- ✎ CBT-Anger Control
- ✎ Parent Management Training
- ✎ Parent Child Interaction Therapy PCIT
- ✎ Group Assertiveness Training
- ✎ Contingency Management
- ✎ Multi-systemic Therapy
- ✎ Multidimensional Treatment Foster Care

Good Support

- ✎ Client Centered Therapy
- ✎ Communication Skills
- ✎ Functional Family Therapy
- ✎ Parent Management Training and Problem Solving
- ✎ Physical Exercise
- ✎ Problem Solving
- ✎ Rational Emotive Therapy
- ✎ Relaxation
- ✎ Social Skills
- ✎ Transactional Analysis

Eyberg, Nelson, & Boggs, 2008

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Resources to Find Evidence-Based Interventions

- ✎ ABCT:
<http://www.abct.org>
- ✎ NREPP:
<http://www.nrepp.samhsa.gov>
- ✎ Promising Practices Network:
<http://www.promisingpractices.net>
- ✎ What Works Clearinghouse:
<http://ies.ed.gov/ncee/wwc>

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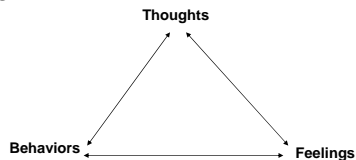
Beyond Behavioral Supports

Cognitive Behavior Therapy

Used with permission of Clayton R. Cook, Ph.D., University of Washington

Cognitive Behavioral Therapy

∞ Thoughts, emotions, and behaviors are reciprocally linked and that changing one these will necessarily result in changes in the other



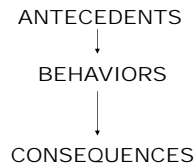
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Cognitive Behavioral Therapy

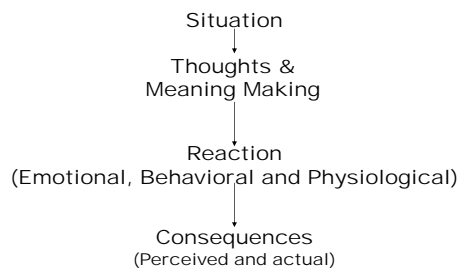
- ∞ CBT is a combination of cognitive techniques (how we think) and behavioral techniques (how we act)
- ∞ The way an individual feels and behaves is influenced by the way s/he processes and perceives her/his experiences
- ∞ Dysfunctional behavior is the result of dysfunctional thinking

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The General Behavioral Model



The Cognitive Behavioral Model



CBT Components

| Behavioral Components | Cognitive Components |
|--------------------------|---|
| ↻ Behavioral activation | ↻ Cognitive restructuring |
| ↻ Contingency management | ↻ Disputing faulty thoughts |
| ↻ Skill building | ↻ Problem-solving strategy |
| ↻ Exposure | ↻ Increase accuracy of social cues interpretation |
| ↻ Response prevention | ↻ Cognitive defusion |
| ↻ Performance feedback | ↻ Awareness training |
| ↻ Action planning | ↻ Mindfulness |
| ↻ Exercise | ↻ Value/goal clarification |

Dialectical Behavior Therapy (DBT) Individual and Group

- ✧ Linehan, M. M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. The Guilford Press: New York.
- ✧ Lihenan, M. M. (1993). Skills Training Manual for Treating Borderline Personality Disorder. The Guilford Press: New York.
http://dbtcentermi.org/Overview_of_DBT_.php
- ✧ Borderline personality disorder, OCD, emotion regulation disorders, eating disorders, cutting, etc.

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Sequenced Steps In CBT

- ✧ **First half focuses on psychoeducation and cognitive components**
 - ✧ Teach understanding and awareness of problem
 - ✧ Teach coping and problem-solving skills
 - ✧ Identifying faulty thoughts and ways of disputing these thoughts

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Sequenced Steps In CBT

- ✧ **Second half focuses on behavioral components**
 - ✧ Gradually expose
 - ✧ Response prevention
 - ✧ Feedback
 - ✧ Action planning
- ✧ Homework and contingency management throughout

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Who is Qualified to Deliver CBT?

- ✎ **Scope of practice** is defined for the profession as a whole
- ✎ It is within the scope of practice for the following professions to deliver CBT:
 - ✎ School psychologist
 - ✎ Social worker
 - ✎ Clinical psychologist
 - ✎ Counseling psychologist
 - ✎ School counselor
 - ✎ Marriage and family therapist

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Who is Qualified to Deliver CBT?

- ✎ **Scope of competence** is individually defined and determined for each practitioner
- ✎ This is determined based on the individual's previous training, experience, and supervision

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How Does Someone with A Scope of Practice Move In to Scope of Competence?

- ✎ Continuing education
- ✎ Take additional coursework
- ✎ Read relevant literature
- ✎ Watch relevant videos
- ✎ Read relevant information online
- ✎ Get consultation
- ✎ Get supervised experience

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Best Predictor of Treatment Outcomes

- ✧ Meaningful therapeutic relationship is the best predictor of treatment outcomes
- ✧ This includes the person's ability to:
 - ✧ Build rapport
 - ✧ Develop client's commitment to therapy
 - ✧ Express genuine interest and concern
 - ✧ Be empathic and validate frustrations
 - ✧ Poor interpersonal skills? Not a good match for CBT services with children and youth

Messer & Wampold, 2002; Norcross, 2002

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Building A Therapeutic Relationship

- ✧ Establish positive relationship
- ✧ Learn about student's interests
- ✧ Find/Create common ground
- ✧ Validate student's perspective

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Factors for CBT Success

- ✧ The student's willingness to practice the skills when they are not anxious, angry, or in pain
- ✧ The parent's willingness to encourage their child to practice, including practicing with him or her, and using positive reinforcement for cooperation and successful outcomes

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Key Concept CBT

- ✧ *CBT is about helping the student draw the connection between thoughts, feelings, and behaviors*
- ✧ Thoughts, feelings, and behaviors associated with anxiety
 - ✧ Thought: this is scary
 - ✧ Feeling: anxiety
 - ✧ Behavior: escape
 - ✧ Teach the student to attend to body signals, thought signals, action signals

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Observable and Reported Reactions to Provocative Stimuli

- ✧ **Physical Sensations:** (e.g., rapid heart rate, short of breath, cold sweaty hands, blushed face, butterflies)
- ✧ **Thoughts/Beliefs:** interpretation and meaning making of situation
- ✧ **Escape/Avoidance Behaviors:** attempt to remove contact with provocative stimulus
- ✧ **Oppositional Behaviors:** when forced to have contact with provocative stimulus
- ✧ **Feelings:** (sad, angry, upset, depressed, worried)

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Physiological Symptoms Experienced in Response to Environmental Triggers

- ✧ **Somatic complaints:** headaches, stomachaches, muscle tension
- ✧ **Physiological arousal:** racing heart, sweating palms, teeth chattering, dizziness, flushed face, trembling hands

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| Helping Students Manage Emotions | CBT Strategies |
|---|---|
| Situation (thought & emotion-provoking event) | Awareness of triggers/reactions to triggers & Exposure activities |
| ↓ | |
| Thoughts & Meaning Making | Cognitive restructuring or noticing (identifying unhelpful thoughts & spinning them to be helpful) |
| ↓ | |
| Reaction (Emotional, Behavioral & Physiological) | Teaching skills: relaxation, coping, problem-solving, mindfulness, attention training |
| ↓ | |
| Consequences (Perceived and actual) | Contingency management & reactive strategies (de-escalation, collaborative problem solving) |

| Characteristics of Anxious Self-Talk |
|---|
| <ul style="list-style-type: none"> ⌘ Excessive worry ⌘ Overestimate the likelihood of something bad happening ⌘ Predict negative outcomes ⌘ Underestimate ability to cope with stressful situations ⌘ Excessively vigilant for “threat cues” |
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| Factors for CBT Success |
|--|
| <ul style="list-style-type: none"> ⌘ Note: Students with social emotional/mental health problems may suffer from other comorbid disorders such as anxiety and depression. CBT has been studied in these more complex children and has been found to be effective for these children as well. |
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Problems with Related Service

- ✧ Treatment is often not Cognitive Behavioral Therapy or other evidence based protocols
- ✧ Rapport problems with clinician/student match
- ✧ Student buy-in not achieved
- ✧ No skill prompting in environment
- ✧ No partnership with parent

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Resources for School Practice

- ✧ **Helping the Noncompliant Child**, Second Edition: Family-Based Treatment for Oppositional Behavior by Robert J. McMahon, Ph.D. and Rex Forehand, Ph.D., 2005
- ✧ **Family Check Up Model**
 - ✧ Parenting Assistance
<http://pages.uoregon.edu/cfc/intervention.htm>
- ✧ **First Steps to Success**
 - ✧ Evidence based interventions for kindergarten
 - ✧ <http://ies.ed.gov/ncee/wwc/interventionreport.aspx?sid=179>

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More Resources for School Practice

- ✧ **Intervening in Children's Lives: An Ecological, Family-Centered Approach to Mental Health Care** by Thomas J. Dishion, Ph.D. and Elizabeth A. Stormshak, Ph.D., 2006
- ✧ **Triple P – Positive Parenting Program**
 - ✧ <http://www.triplep-america.com>
 - ✧ Psychologists, psychiatrists, and social workers working intensively with families presenting with multiple problems, are best suited to train in the Standard and Enhanced Triple P courses.

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More Resources for School Practice

✎ Living with Children by Gerald Patterson

- ✎ Shows how children learn behavior and how they actually train adults to behave. Written in a programmed format that makes learning quick and easy. Published by Research Press

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Screen for Childhood Anxiety Related Emotional Disorders (SCARED)

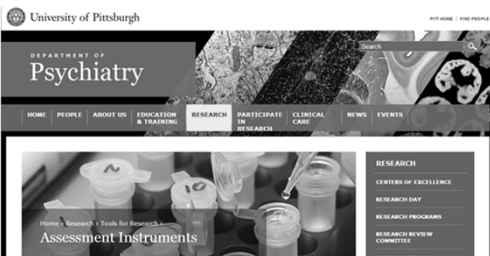
✎ FREE at: <http://www.cebc4cw.org/assessment-tool/screen-for-childhood-anxiety-related-emotional-disorders-scared>

- ✎ The SCARED is a child and parent self-report instrument used to screen for childhood anxiety disorders including general anxiety disorder, separation anxiety disorder, panic disorder, and social phobia. In addition, it assesses symptoms related to school phobias. The SCARED consists of 41 items and 5 factors.

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SCARED

- ✎ Availability: Free for download on website: <http://www.psychiatry.pitt.edu/research/tools-research/assessment-instruments>



Special Circumstances Treatment: Habit Reversal

✎ John Piacentini

✎ Professor of Psychiatry and Biobehavioral Sciences at the UCLA School of Medicine and Director of the Child OCD, Anxiety, and Tic Disorders Program at the UCLA Semel Institute

✎ <http://www.semel.ucla.edu/caap>

✎ http://tsa-usa.org/aProfessionals/ClinicalCouns/images/Piacentin_4thIntl.pdf

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Special Circumstances Treatment: School Refusal and Selective Mutism

✎ Christopher Kearney, Ph.D.

✎ Professor of Psychology and Director of Clinical Training at the University of Nevada, Las Vegas. He is also the Director of the UNLV Child School Refusal and Anxiety Disorders Clinic.
<http://faculty.unlv.edu/wpmu/ckearney/books-and-ordering-information>

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Special Circumstances Treatment: Suicidal Thinking and Self Injury

✎ Matthew K. Nock

✎ Harvard University Director of Laboratory for Clinical and Developmental Research

✎ Most respected scholar; follow this website!
<http://scholar.google.com/citations?user=iSj0dMcAAAAJ&hl=en>

✎ Schools and Suicide Prevention Resources
<http://csmh.umaryland.edu/Resources/ClinicianTools/suicidepreventionresources7.pdf>

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Signs of Suicide (SOS) and Signs of Self Injury

- ✎ The **SOS** High School program is the only school-based suicide prevention program listed on the SAMHSA's NREPP (National Registry of Evidence-based Programs and Practices) that addresses suicide risk and depression, while reducing suicide attempts
<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos>

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Other Training, Forms, Suicide Interviewing and Planning

- ✎ <http://www.sprc.org/for-professional>
- ✎ <http://www.suicidology.org/resources/suicide-links-of-interest/youth-suicide>
- ✎ <http://www.livingworks.net>

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How Can We Afford This?

- ✎ Establish curricula and a task force for Tier 2 and 3
 - ✎ It's primarily about stopping what doesn't work, and substituting what does
- ✎ Coach for establishment of a solid Tier 1
- ✎ Assist providers by providing vision, expectations and help in developing expertise
- ✎ Maintain an accountability and an outcome focus

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Take Home Messages

- ✧ Social Emotional/Mental Health interventions are a continuum of services and interventions from prevention to intensive combinations of services
- ✧ FBA and BIPs are for socially mediated behaviors
- ✧ SEL, CBT and other interventions are for emotionally driven behaviors
- ✧ Interventions work when delivered with skill and fidelity by people who care and are not required to continue for endless amounts of time

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Café Chat on Section 2

- ✧ To what extent does our system problem solve which approach to use when Tier 1 and Tier 2 are not enough?
- ✧ To what extent do I feel skilled in providing interventions for students with socially mediated behaviors? For emotionally driven behaviors?

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